

February 4, 2003

Re: Medical Dispute Resolution
MDR #: M2.03.0450.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

Clinical History:

This 45-year-old male claimant experienced acute onset of pain and numbness in his dominant, right hand, on _____. He had carpal tunnel release in December 1998, and a re-release of the carpal tunnel and excision of a right volar wrist ganglion in August 1999. He continues to have pain and swelling in his right hand, especially thumb pain.

Disputed Services:

Neurolysis of ulnar nerve and right median nerve and medial epicondylectomy.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedures in question are medically necessary in this case.

Rationale for Decision:

It is appropriate to proceed with right median neurolysis, exploring the median nerve at the elbow and forearm as far proximal and distal as necessary to relieve any areas of entrapment. Pronator syndrome is a notoriously difficult diagnosis, and is often made by elimination of other diagnoses. A mid-level or forearm median nerve compromise is not easily confirmed with the usual tests.

After a well-documented initial exam in May 1999, the treating physician describes an intelligent plan of diagnosis and treatment in multiple office visit notes through 2002. The patient has been thoughtfully evaluated for thoracic outlet syndrome, a cervical spine lesion, and circulatory impairment. A volar wrist ganglion was discovered and removed. X-rays and bone scans were done to assess any degenerative joint disease of the wrist and hand. A follow-up MRI done to rule out a space-occupying mass or lesion shows complete release of the carpal tunnel now. The potential diagnosis of pronator syndrome has been considered since 1999. The problem of median nerve compression at the wrist has been resolved. It is appropriate now to proceed with the recommended surgery.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 4, 2003.

Sincerely,